

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ellis Reinherz, Linda Clayton, Timothy D. Ocain and Raymond J. Patch

Application No.: 08/948,124 Group: 1642

Filed: October 9, 1997 Examiner: G. Bansal

For: THYMOCYTE CASPASE ACTIVITY AND NEGATIVE SELECTION

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>8-3-99</u>	<u>Jean A. White</u>
Date	Signature
<u>Jean A. White</u>	
Typed or printed name of person signing certificate	

RECEIVED
AUG 10 1999
TC 1600 MAIL ROOM

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is Amendment A for filing in the above-identified application.

[X] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.

[] A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)	(COL. 4)	(COL. 5)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	51	MINUS	* 52	0
INDEP	4	MINUS	** 3	1
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

* not fewer than 20
** not fewer than 3

SMALL ENTITY	
RATE	ADDIT. FEE
X \$9	\$ 0
X \$39	\$ 39
+ \$130	\$

TOTAL = \$ 39

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$18	\$
X \$78	\$
+ \$260	\$

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
		\$	_____
		\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for three-month Extension of Time	\$	<u>435</u>
<input checked="" type="checkbox"/>	Amendment Fee	\$	<u>39</u>
<input type="checkbox"/>	Other Fees:		
		\$	_____
		\$	_____
	TOTAL:	\$	<u>474</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

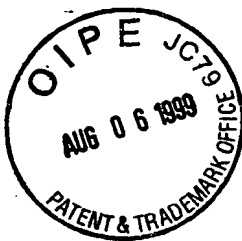
HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Lisa M. Treannie
Lisa M. Treannie
Registration No.: 41,368
Telephone: (781) 861-6240
Facsimile: (781) 861-9540

Lexington, Massachusetts 02421-4799

Dated: August 3, 1999

DFCI522.RET
LMW26
AOC/CSE/LMW/cmm
10/09/97



PATENT APPLICATION
Docket No.: DFCI-522

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ellis Reinherz, Linda Clayton and
Timothy D. Ocain

Serial No.: 08/802,474 Group No.: 1816

Filed: February 18, 1997

For: THYMOCYTE CASPASE ACTIVITY AND NEGATIVE
SELECTION

COPY

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>10-9-97</u>	<u>Christine M. Morrisette</u>
Date	Signature
<u>Christine M. Morrisette</u>	
Typed or printed name of person signing certificate	

PAYMENT OF RETENTION FEE

Assistant Commissioner for Patents
Washington, DC 20231

Dear Sirs:

This letter is pursuant to 37 C.F.R. §1.53(d)(1). The above-identified patent application was filed without payment of the basic filing fee and executed declaration. The processing and retention fee as set forth in 37 C.F.R. 1.21(1) (\$130.00) is included in the check submitted

herewith, along with the fee for the concurrently filed
Petition for Three-Month Extension of Time.

Please charge any additional fees required for the
filing of this paper to the undersigned's Deposit Account
No. 08-0380. A copy of this letter is enclosed for
accounting purposes.

Respectfully submitted,

Lisa M. Warren

Lisa M. Warren, Esq.

Registration No. 41,368

Telephone (617) 861-6240

Lexington, MA 02173

Dated: *October 9, 1997*

APPLICATION NUMBER

FILING/RECEIPT DATE

FIRST NAMED APPLICANT

ATTY. DOCKET NO./TITLE

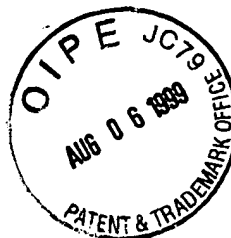
08/802,474

02/18/97

REINHERZ

E

DFCI-522



0212/0513

LISA M WARREN
HAMILTON BROOK SMITH AND REYNOLDS
TWO MILITIA DRIVE
LEXINGTON MA 02173-4799

NOT ASSIGNED
DATE MAILED:

0000

NOTICE OF ABANDONMENT UNDER 37 CFR 1.821(g)

05/13/98

Applicant's reply received on Oct. 14, 1997 is acknowledged.

☒ The \$130.00 retention fee was received.

COPY

The above identified application is Abandoned because:

- ☐ The reply received to the Notice mailed on _____ was untimely.
- ☐ An incomplete reply was received to the Notice mailed on _____.
The reply did not include:
- ☐ 1. A statement that the content of the computer readable copies are the same.
 - ☐ 2. A copy of the "Sequence Listing" in computer readable form.
 - ☐ 3. The amendment to or replacement of the paper and/or computer readable copies of the "Sequence Listing."
 - ☐ 4. Other: _____

A petition to the Commissioner under 37 CFR 1.137 may be filed requesting that the application be revived.

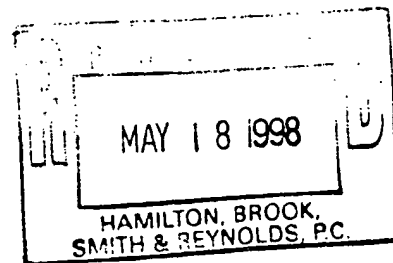
Under 37 CFR 1.137(a), a petition requesting the application be revived on the grounds of **UNAVOIDABLE DELAY** must be filed promptly after the applicant becomes aware of the abandonment and such petition must be accompanied by: (1) an adequate showing of the cause of unavoidable delay; (2) the required reply to the above-identified Notice; (3) the petition fee set forth in 37 CFR 1.17(l); and (4) a terminal disclaimer if required by 37 CFR 1.137(c).

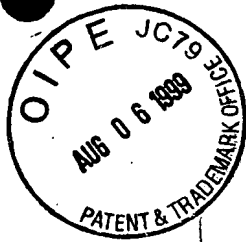
Under 37 CFR 1.137(b), a petition requesting the application be revived on the grounds of **UNINTENTIONAL DELAY** must be filed promptly after applicant becomes aware of the abandonment and such petition must be accompanied by: (1) a statement that the entire delay was unintentional; (2) the required reply to the above-identified Notice; (3) the petition fee set forth in 37 CFR 1.17(m); and (4) a terminal disclaimer if required by 37 CFR 1.137(c).

Any questions concerning petitions to revive should be directed to "Office of Petitions" (703) 305-9282.

C. B. ARNOLD

Customer Service Center
Initial Patent Examination Division (703) 308-1202





ENDORSE HERE
PATENT AND TRADEMARK OFFICE
13-10-0001
05-19-1998
FOR CREDIT TO THE
U.S. TREASURY

NOT FOR STAMP OR SIGN BELOW THIS LINE
IF INDIVIDUAL USE ONLY

0012 38305

MAY 20 98

01118 0560

MY R 20
FIRST VIRGINIA BANK
602 ARLINGTON BLVD
FALLS CHURCH, VIRGINIA
703 261-3371

0111085101341052198 00
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210511504 0520-0027-8
210511504 05-21-98
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04061546610110-0001-51
040615466105-21-98



COPY

AOC/CSE/LMT/mrf

DFCT-522A

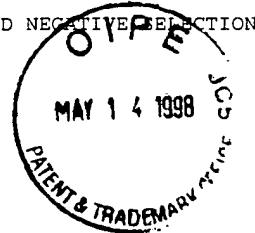
05/11/98

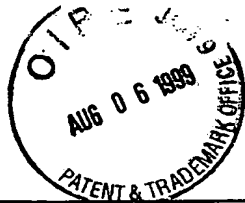
This will acknowledge receipt of the following documents, each with a Certificate of Mailing:

VERIFIED STATEMENT of Dana-Farber Cancer Institute and VERIFIED STATEMENT of Procept, Inc., both CLAIMING SMALL ENTITY STATUS, w/ Transmittal letter w/ one copy; DECLARATION/POWER OF ATTORNEY (two originally signed copies; total: 8 pages), Transmittal letter w/ one copy, copy of PTO-1533 and check for \$867.00 and Petition for Extension of Time (one month) w/ one copy.

Applicants: Ellis Reinherz, Linda Clayton, Timothy D. Ocain and Raymond J. Patch
Application No.: 08/948,124
Filed: October 9, 1997
For: THYMOCYTE CASPASE ACTIVITY AND NEGATIVE SELECTION

Date Received by the Patent Office:





UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO./TITLE
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US 938,124

10/04/97

REINHERZ

DFL1-5224

CAROL M. S. ELMOPE
MARILYN SPOOK SMITH AND ROBERT
TWO MILLIA DRIVE
LIVING ON R. 6, 111

0782/0910

NOT ASSIGNED

DATE MAILED:

02/12/98

NOTICE TO FILE MISSING PARTS OF APPLICATION
Filing Date Granted

An Application Number and Filing Date have been assigned to this application. However, the items indicated below are missing. The required items and fees identified below must be timely submitted **ALONG WITH THE PAYMENT OF A SURCHARGE** for items 1 and 3-6 only of \$ 130.00 for a ☐ large entity ☐ small entity in compliance with 37 CFR 1.27. The surcharge is set forth in 37 CFR 1.16(e). Applicant is given **TWO MONTHS FROM THE DATE OF THIS NOTICE** within which to file all required items and pay any fees required above to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

If all required items on this form are filed within the period set above, the total amount owed by applicant as a
☐ large entity ☐ small entity (verified statement filed), is \$ 130.34.

☐ 1. The statutory basic filing fee is:

- ☐ missing.
- ☐ insufficient.

Applicant must submit \$ 74.00 to complete the basic filing fee and/or file a verified small entity statement claiming such status (37 CFR 1.27).

☐ 2. Additional claim fees of \$ 42.00, including any multiple dependent claim fees, are required.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

☐ 3. The oath or declaration:

- ☐ is missing.
- ☐ does not cover the newly submitted items.
- ☐ does not identify the application to which it applies.
- ☐ does not include the city and state or foreign country of applicant's residence.

An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.

☐ 4. The signature(s) to the oath or declaration is/are:

- ☐ missing.
- ☐ by a person other than inventor or person qualified under 37 CFR 1.42, 1.43, or 1.47.

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

☐ 6. A \$ _____ processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

☐ 7. Your filing receipt was mailed in error because your check was returned without payment.

☐ 8. The application does not comply with the Sequence Rules.

See attached "Notice to Comply with Sequence Rules 37 CFR 1.821-1.825."

☐ 9. OTHER:

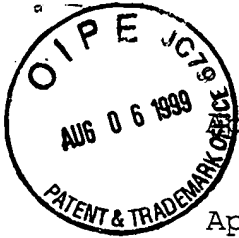
Direct the response and any questions about this notice to "Attention: Box Missing Parts."

A copy of this notice MUST be returned with the response.

Customer Service Center
Initial Patent Examination Division (703) 308-1202

COPY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicants: Ellis Reinherz, Linda Clayton, Timothy D. Ocain and Raymond J. Patch

Application No.: 08/948,124 Group Art Unit: 1816

Filed: October 9, 1997

For: THYMOCYTE CASPASE ACTIVITY AND NEGATIVE SELECTION

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>May 11, 1998</u>	<u>Marlene R. Fitch</u>
Date	Signature
<u>Marlene R. Fitch</u>	
Typed or printed name of person signing certificate	

COPY

TRANSMITTAL OF VERIFIED STATEMENTS CLAIMING
SMALL ENTITY STATUS

Box Missing Parts
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Please file the two enclosed Verified Statements Claiming Small Entity Status in the above-identified patent application.

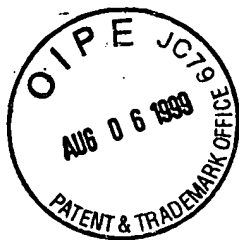
A copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

Lisa M. Treannie

Lisa M. Treannie
Attorney for Applicants
Registration No. 41,368
Telephone (781) 861-6240
Facsimile (781) 861-9540

Lexington, Massachusetts 02173
Date: May 11, 1998



COPY

AOC/CSE/LMW/cmm

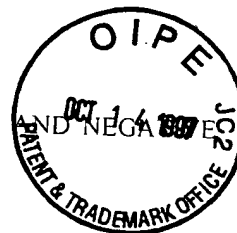
DFCI-522

10/9/97

This is to acknowledge receipt of the following documents each with a Certificate of Mailing:

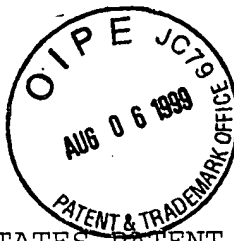
Check for total fees (Petition for Extension of Time Fee, Retention Fee) in the amount of \$ 1,080. Petition for Extension of Time (w/copy), Transmittal of Payment of Retention Fee (w/copy).

Applicants: Ellis Reinherz, *et al.*
Serial No.: 08/802,474
Filed: February 18, 1997
Title: THYMOCYTE CASPASE ACTIVITY
SELECTION



Date received in the Patent and Trademark Office:

D/DFCI/522A/Dec-Fee.350
AOC/CSE/LMT/mrf
05/11/98



PATENT APPLICATION
Docket No.: DFCI-522A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Ellis Reinherz, Linda Clayton, Timothy D.
Ocaín and Raymond J. Patch

Application No.: 08/948,124 Group Art Unit: 1816

Filed: October 9, 1997

For: THYMOCYTE CASPASE ACTIVITY AND NEGATIVE
SELECTION

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>5/11/98</u>	<u>Marlene R. Fitch</u>
Date	Signature
<u>Marlene R. Fitch</u>	
Typed or printed name of person signing certificate	

COPY

TRANSMITTAL OF FILING FEE AND DECLARATION/POWER OF ATTORNEY
IN RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

Box Missing Parts
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

A one-month extension of time to respond to the Notice to File Missing Parts of Application dated February 13, 1998, is requested. A copy of the Notice is attached. In response to the Notice, enclosed are the following:

1. Petition for Extension of Time;
2. Two (2) executed Declaration/Power of Attorney documents; and

3. Check in the amount of \$867.00 which includes the fee for a one-month extension of time of \$55.00, the application filing fee in the amount of \$747.00, and the surcharge in the amount of \$65.00 for a small entity. A Verified Statement Claiming Small Entity Status is being filed concurrently.

A general authorization is hereby granted to charge deposit account number 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Please charge Attorney's Deposit Account No. 08-0380 for any additional fees that may be due in this matter. A copy of this letter is enclosed for accounting purposes.

The undersigned Attorney notes that her name changed by marriage on December 31, 1997, and that this name change has been recognized by the Office of Enrollment and Discipline.

Respectfully submitted,

Lisa M. Treannie

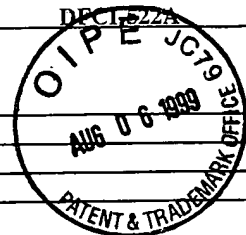
Lisa M. (Warren) Treannie
Attorney for Applicants
Registration No. 41,368
Telephone (781) 861-6240
Facsimile (781) 861-9540

Lexington, Massachusetts 02173

Date: May 11, 1998

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(d))-NONPROFIT ORGANIZATION

DOCUMENT NUMBER: DEC 15 228



Applicant or Patentee: Ellis Reinherz, Linda Clayton, Timothy D. Ocain and Raymond J. Patch
Serial or Patent No.: 08/948,124
Filed or Issued: October 9, 1997
Title: THYMOCYTE CASPASE ACTIVITY AND NEGATIVE SELECTION

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF NONPROFIT ORGANIZATION Dana-Farber Cancer Institute
ADDRESS OF NONPROFIT ORGANIZATION 44 Binney Street
Boston, Massachusetts 02115

TYPE OF NONPROFIT ORGANIZATION:

- ☐ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
☒ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3))
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3)) IF
LOCATED IN THE UNITED STATES OF AMERICA
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED
STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in:

- ☐ the specification filed herewith with title as listed above.
☒ the application identified above.
☐ the patent identified above.

I hereby declare the rights under contract or law have been conveyed to and remain with the nonprofit organization regarding the above identified invention. If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averring to their status as small entities and that no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

- ☐ no such person, concern, or organization exists.
☒ each such person, concern or organization is listed below.

Procept, Inc.
840 Memorial Drive
Cambridge, Massachusetts 02139

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Julia D. Hart

TITLE IN ORGANIZATION OF PERSON SIGNING Patent Counsel

ADDRESS OF PERSON SIGNING Dana-Farber Cancer Institute, 44 Binney Street, Boston, Massachusetts 02115

SIGNATURE [Signature] DATE 10 20 1998

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS

DOCKET NUMBER: DECI-522A

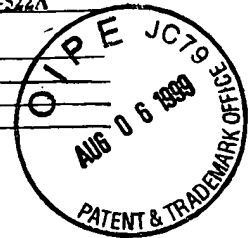
(37 CFR 1.9(d) & 1.27(c))-SMALL BUSINESS CONCERN

Applicant or Patentes: Ellis Reinherz, Linda Clayton, Timothy D. Oscan and Raymond J. Patch

Serial or Patent No.: 08/948,124

Filed or Issued: October 9, 1997

Title: THYMOCYTE CASPASE ACTIVITY AND NEGATIVE SELECTION



I hereby declare that I am

- ☐ the owner of the small business concern identified below;
☒ an official of the small business concern empowered to act on behalf of the concern identified below;

NAME OF SMALL BUSINESS CONCERN Prcept, Inc.
 ADDRESS OF SMALL BUSINESS CONCERN 840 Memorial Drive
Cambridge, Massachusetts 02139

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12 and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

- ☐ the specification filed herewith with title as listed above.
☒ the application identified above.
☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averring to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

- ☐ no such person, concern, or organization exists.
☒ each such person, concern or organization is listed below.

Dana-Farber Cancer Institute
 44 Binney Street
 Boston, Massachusetts 02115

Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING John F. Dee

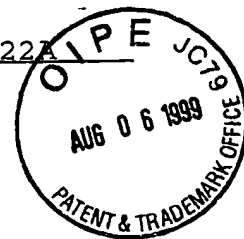
TITLE OF PERSON IF OTHER THAN OWNER President and Chief Executive Officer

ADDRESS OF PERSON SIGNING Prcept, Inc. 840 Memorial Drive, Cambridge, MA 02139

SIGNATURE [Signature] DATE 5-10-98

11/DPCH/522A/Prcept, Ver

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application

As a named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 3 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

THYMOCYTE CASPASE ACTIVITY AND NEGATIVE SELECTION

the specification of which (check one)

☐ is attached hereto.

☒ was filed on October 9, 1997 as United States Application

Number or PCT International Application Serial No. 08/948,124

and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known by me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

			Priority Not Claimed
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

(Application Number)

(Filing Date)

(Application Number)

(Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information known by me to be material to patentability as defined in 37 C.F.R. §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>08/802,474</u>	<u>2/18/97</u>	<u>Pending</u>
(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)
<u> </u>	<u> </u>	<u> </u>
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As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

I also hereby grant additional Powers of Attorney to the following attorney(s) and/or agent(s) to file and prosecute an international application under the Patent Cooperation Treaty based upon the above-identified application, including a power to meet all designated office requirements for designated states:

David E. Brook	Reg. No. 22,592	Alice O. Carroll	Reg. No. 33,542
James M. Smith	Reg. No. 28,043	N. Scott Pierce	Reg. No. 34,900
Leo R. Reynolds	Reg. No. 20,884	Richard A. Wise	Reg. No. 18,041
Patricia Granahan	Reg. No. 32,227	Helen E. Wendler	Reg. No. 37,964
Mary Lou Wakimura	Reg. No. 31,804	Carolyn S. Elmore	Reg. No. 37,567
Thomas O. Hoover	Reg. No. 32,470	Lisa M. Warren	Reg. No. 41,368

all of Hamilton, Brook, Smith and Reynolds, P.C., Two Militia Drive, Lexington, Massachusetts 02173;

and _____

Send correspondence to: Carolyn S. Elmore
Hamilton, Brook, Smith & Reynolds, P.C.
Two Militia Drive, Lexington, MA 02173-4799

Direct telephone calls to: Carolyn S. Elmore

(781) 861-6240

Direct facsimiles to: Carolyn S. Elmore

(781) 861-9540

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole

or first inventor Ellis Reinherz

Inventor's

Signature  Date 1/28/98

Residence 113 South Great Road
Lincoln, Massachusetts 01773


Citizenship USA

Post Office Address Same as above

Full name of second joint

inventor, if any Linda Clayton

Inventor's

Signature  Date 2/6/98

Residence 48 Cedarwood Road
Jamaica Plain, Massachusetts 02130

Citizenship USA

Post Office Address Same as above

Full name of third joint

inventor, if any Timothy D. Ocain

Inventor's

Signature _____ Date _____

Residence 45 Indian Head Road
Framingham, Massachusetts 01701

Citizenship USA

Post Office Address Same as above

Full name of fourth joint

inventor, if any Raymond J. Patch

Inventor's

Signature _____ Date _____

Residence 16 Emily Road

Framingham, Massachusetts 01701

Citizenship USA

Post Office Address Same as above

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application

As a named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 3 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

THYMOCYTE CASPASE ACTIVITY AND NEGATIVE SELECTION

the specification of which (check one)

☐ is attached hereto.

☒ was filed on October 9, 1997 as United States Application Number or PCT International Application Serial No. 08/948,124 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known by me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority
Not
Claimed

_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	[]
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	[]
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	[]

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

_____ (Application Number)	_____ (Filing Date)
_____ (Application Number)	_____ (Filing Date)

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Inventor's

Signature _____ Date _____

Residence 113 South Great Road

Lincoln, Massachusetts 01773

Citizenship USA

Post Office Address Same as above

Full name of second joint

inventor, if any Linda Clayton

Inventor's

Signature _____ Date _____

Residence 48 Cedarwood Road

Jamaica Plain, Massachusetts 02130

Citizenship USA

Post Office Address Same as above

Full name of third joint

inventor, if any Timothy D. Ocain

Inventor's

Signature  Date 1-20-98

Residence 45 Indian Head Road

Framingham, Massachusetts 01701

Citizenship USA

Post Office Address Same as above

Full name of fourth joint

inventor, if any Raymond J. Patch

Inventor's

Signature *Raymond J. Patch* Date 1/20/98

Residence 16 Emily Road

Framingham, Massachusetts 01701

Citizenship USA

Post Office Address Same as above

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ellis Reinherz, Linda Clayton and Timothy D. Oca

Serial No.: 08/802,474

Group Art Unit: 1816

Filed: February 18, 1997

Examiner:

For: THYMOCYTE CASPASE ACTIVITY AND NEGATIVE SELECTION



CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>10-9-97</u>	<u>Christine M. Morrisette</u>
Date	Signature
<u>Christine M. Morrisette</u>	
Typed or printed name of person signing certificate	

COPY

PETITION FOR EXTENSION OF TIMEAssistant Commissioner for Patents
Washington, D. C. 20231

Sir:

The undersigned attorney petitions the Assistant Commissioner for Patents to extend the time for filing a Response to the Notice to File Missing Parts dated 5/9/97 for 3 month(s) from 7/9/97 to 10/9/97.

	<u>Small Entity</u>	<u>Other than Small Entity</u>
1 month -	\$ 55	\$ 110
2 months -	\$200	\$ 400
3 months -	\$475	<u>X</u> \$ 950
4 months -	\$755	\$1,510

- ☐ Enclosed is a check in the amount of \$_____ to cover the cost of the extension.
- ☒ The fee for the extension is included in the check for the accompanying response.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$_____ to cover the cost of the extension fee.

Any deficiency or overpayment should be charged or credited to Deposit Account No. 08-0380. One duplicate copy of this letter is enclosed.

Respectfully submitted,

By Lisa M. Warren
 Lisa M. Warren
 Attorney for Applicant(s)
 Registration No. 41,368
 Telephone (781) 861-6240
 Facsimile (781) 861-9540

Lexington, Massachusetts 02173

Dated:

October 9, 1997